## **CDBG QUALIFYING CRITERIA FOR BUSINESSES For-Profit Business/Microenterprise Affidavit**

MY CURRE	NT LEGAL I	NAME IS	:									
					(Nan	ne of Si	ignatory)			_		
MY CURRE	NT LEGAL S	STREET	ADDRESS	S IS:								
_							(Legal Addr	ess No	umber and	Street Nan	ne)	
IN THE CIT	TY OF				IN TH	IE STA	TE OF					
I HEREBY	ATTEST:	(Lega	l Address C	City Name)	_		_		(Legal )	Address Sta	ate Name)	
● THE	STREET A	DDRESS	OF MY BI	USINESS IS								
							(Legal)	1ddroc	sc Number	and Street	Mama)	
TN T	не Сіту о	F				IN T	Legal A HE STATE OF		s Ivuilibei	anu street	ivaine)	
	02 0		//									
			(Legal Ad	idress City Na	ame)				(Leg	gal Address	State Name)	
BEFO If F	RE SEPTE	MBER 28	8, 2022.	PRIMARY C			NEFICIARY (				L YEAR, ON	OK
SIGNED:					Pi	RINTEI	NAME:					
		(Si	ignature)						(A	Printed Nan	ne)	
			For	Notary Pub	olic Use	e Only	Below this	Line:				_
STATE OF	Connec	cticut	COUNT	Y OF				SS.				
	(St	ate)			(	County)				(Town	/City)	
ON THIS			DAY OF				BEFORE ME,					
	(Day of M	onth)	_	(Month)	(}	'ear)				(Name of n	otary)	
THE UNDERS	SIGNED OFF	ICER, PE	RSONALLY	APPEARED			(Name of indiv	ridual)		KNOWN	TO ME (OR	
							SCRIBED TO T PURPOSES TH				AND	
In witness	WHEREOF	I HEREU	NTO SET M	IY HAND.								
	(Sigi	nature of	Notary Pub	blic)								
	(Da	te Comm	ission Expir	res)								
	(Pi	rinted Nai	ne of Nota	ry)								

## CDBG QUALIFYING CRITERIA FOR BUSINESSES Hartford Resident Affidavit

				(Name of S	ignatory)		
MY CURRE	NT LEGAL STREET	ADDRESS	s is:				
						ress Numbe.	r and Street Name)
IN THE CIT	TY OF			IN THE STA	TE OF		
I HEREBY	_	al Address (	City Name)		_	(L	egal Address State Name)
• I IN	TEND TO WORK T	OWARD D	EVELOPING A	A MICROENT	ERPRISE.		
				AND			
I IN	TEND TO PERMAN	ENTLY LO	CATE THE BU	ISINESS IN T	HE CITY OF	<b>H</b> ARTFOR	D, CONNECTICUT WITHIN
90	DAYS OF THE END	OF THE	2021-202	2 FISCAL	YEAR, ON OF	R BEFORE	September 28, 2022.
SIGNED:				PRINTE	D NAME:		
	(.	Signature)					(Printed Name)
	Connection		Notary Pub	lic Use Only	Below this		
STATE OF	Connecticut	For <b>Coun</b>				Line:	
STATE OF	Connecticut (State)			olic Use Only (County)			(Town/City)
	(State)		TY OF	(County)			
ON THIS	(State)  (Day of Month)	COUNT DAY OF	(Month)				(Name of notary)
ON THIS	(State)	COUNT DAY OF	(Month)	(County)	BEFORE ME,	SS.	
ON THIS THE UNDERS SATISFACTO	(State)  (Day of Month)  SIGNED OFFICER, P  DRILY PROVEN) TO	DAY OF ERSONALLY	(Month) Y APPEARED RSON WHOSE	(County)	BEFORE ME,  (Name of indiv	vidual)	(Name of notary)  KNOWN TO ME (OR  INSTRUMENT AND
ON THIS THE UNDERS SATISFACTO ACKNOWLED	(State)  (Day of Month)  SIGNED OFFICER, P	DAY OF ERSONALLY BE THE PER	(Month) (APPEARED RSON WHOSE CUTED THE SA	(County)	BEFORE ME,  (Name of indiv	vidual)	(Name of notary)  KNOWN TO ME (OR  INSTRUMENT AND
ON THIS THE UNDERS SATISFACTO ACKNOWLED	(State)  (Day of Month)  SIGNED OFFICER, P  ORILY PROVEN) TO  OGED THAT HE/SHE  S WHEREOF I HERE	DAY OF  ERSONALLY  BE THE PER  THEY EXE	(Month) ( APPEARED  RSON WHOSE CUTED THE SA	(County)	BEFORE ME,  (Name of indiv	vidual)	(Name of notary)  KNOWN TO ME (OR  INSTRUMENT AND
ON THIS THE UNDERS SATISFACTO ACKNOWLED	(State)  (Day of Month)  SIGNED OFFICER, P  ORILY PROVEN) TO  DGED THAT HE/SHE	DAY OF  ERSONALLY  BE THE PER  THEY EXE	(Month) ( APPEARED  RSON WHOSE CUTED THE SA	(County)	BEFORE ME,  (Name of indiv	vidual)	(Name of notary)  KNOWN TO ME (OR  INSTRUMENT AND
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ON THIS THE UNDERS SATISFACTO ACKNOWLED	(State)  (Day of Month)  SIGNED OFFICER, P  ORILY PROVEN) TO OGED THAT HE/SHE S WHEREOF I HERE	DAY OF ERSONALLY BE THE PER THEY EXE UNTO SET N	(Month) Y APPEARED RSON WHOSE CUTED THE SA MY HAND.	(County)	BEFORE ME,  (Name of indiv	vidual)	(Name of notary)  KNOWN TO ME (OR  INSTRUMENT AND